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Addendum

Implementation of the international drug control treaties

1. At its 6th and 7th meetings, on 13 and 14 March 2018, the Commission considered agenda item 5, which read as follows:

"Implementation of the international drug control treaties:

(a) Changes in the scope of control of substances;

(b) Challenges and future work of the Commission on Narcotic Drugs and the World Health Organization in the review of substances for possible scheduling recommendations;

(c) International Narcotics Control Board;

(d) International cooperation to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion;

(e) Other matters arising from the international drug control treaties."

2. For its consideration of item 5, the Commission had before it the following:

(a) Note by the Secretariat on the scope of control of substances: proposed scheduling recommendations by the World Health Organization (E/CN.7/2018/10 and E/CN.7/2018/10/Add.1);

(b) *Report of the International Narcotics Control Board for 2017* (E/INCB/2017/1);

(c) *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2017 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (E/INCB/2017/4);

(d) *Competent National Authorities under the International Drug Control Treaties* (S1/NAR.3/2017/1);

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(e) Extract from the report of the thirty-ninth meeting of the Expert Committee on Drug Dependence convened from 6 to 10 November 2017 at the headquarters of the World Health Organization in Geneva (E/CN.7/2018/CRP.3).

3. Introductory statements were made by the Chief of the Drug Prevention and Health Branch, the Chief of the Laboratory and Scientific Section and a representative of the Prevention, Treatment and Rehabilitation Section of the Drug Prevention and Health Branch of the United Nations Office on Drugs and Crime (UNODC). Introductory statements were also made by the President of the International Narcotics Control Board (INCB). The observer for the World Health Organization (WHO) made introductory statements as well.

4. A statement was made by the observer for Bulgaria on behalf of the European Union and its member States and Albania, Andorra, Armenia, Bosnia and Herzegovina, Georgia, Iceland, Montenegro, Norway, the Republic of Moldova, San Marino, Serbia, the former Yugoslav Republic of Macedonia and Ukraine.

5. Statements were made by the representatives of the Republic of Korea, China, Switzerland, Thailand, Japan, the United States of America, Norway, Pakistan, Mexico, Turkey, Algeria, the Russian Federation, Belgium, Australia, Iraq and Brazil.

6. Statements were made by the observers for the United Kingdom of Great Britain and Northern Ireland, Denmark, Nigeria, the Bolivarian Republic of Venezuela, Indonesia, Paraguay and Serbia.

7. A statement was made by the observer for the Office of the United Nations High Commissioner for Human Rights. A statement was also made by the observer for the International Association for Hospice and Palliative Care.

A. Deliberations

1. Changes in the scope of control of substances

(a) Consideration of a proposal from the World Health Organization to place carfentanil in Schedules I and IV of the 1961 Convention as amended by the 1972 Protocol

8. The observer for WHO informed the Commission that carfentanil (methyl 1-(2-phenylethyl)-4-[phenyl(propanoyl)amino]piperidine-4-carboxylate) was an opioid that was structurally related to fentanyl and noted that its pharmacodynamic and clinical effects were similar to fentanyl's, while being 100 times more potent. Carfentanil produced respiratory depression and loss of consciousness and had been associated with hundreds of documented deaths and non-fatal intoxications globally. The observer noted that carfentanil was liable to abuse and ill effects similar to the abuse and ill effects associated with controlled opioids such as fentanyl, which were included in Schedule I of the 1961 Convention as amended by the 1972 Protocol. Carfentanil was also convertible into sufentanil and alfentanil, two very potent opioid analgesics controlled under Schedule I of the 1961 Convention, and had no approved therapeutic use in humans. The Expert Committee on Drug Dependence considered and recognized the impact that the international scheduling of carfentanil could have on veterinary access to the drug in relation to its therapeutic use in large animals, while also noting that its therapeutic advantages did not offset the severe threat it posed to human health. The Expert Committee therefore recommended that carfentanil be placed in Schedule I of the 1961 Convention as amended. The Expert Committee was particularly concerned about the extreme potency of the substance and the especially serious risk to public health that it posed and therefore recommended that carfentanil also be placed in Schedule IV of the 1961 Convention as amended.

(b) Consideration of a proposal from the World Health Organization to place ocfentanil in Schedule I of the 1961 Convention as amended by the 1972 Protocol

9. The observer for WHO informed the Commission that ocfentanil (*N*-(2-fluorophenyl)-2-methoxy-*N*-[1-(2-phenylethyl)piperidin-4-yl]acetamide) was an opioid that was structurally related to fentanyl and that produced the typical symptoms of opioid intoxication, including potentially fatal respiratory depression and loss of consciousness. The observer noted that ocfentanil-related deaths had been reported and that the drug had been placed under national control in several countries in different regions of the world. The observer also noted that there was sufficient evidence showing that the abuse of ocfentanil constituted a public health and social problem and that its placement under international control was therefore warranted. It had no recorded therapeutic use and was a compound liable to abuse and ill effects similar to the abuse and ill effects associated with controlled opioids such as fentanyl that were included in Schedule I of the 1961 Convention as amended. The Expert Committee therefore recommended that ocfentanil be placed in Schedule I of the 1961 Convention as amended.

(c) Consideration of a proposal from the World Health Organization to place furanylfentanyl in Schedule I of the 1961 Convention as amended by the 1972 Protocol

10. The observer for WHO informed the Commission that furanylfentanyl (*N*-phenyl-*N*-[1-(2-phenylethyl)piperidin-4-yl]furan-2-carboxamide) was an opioid that was structurally related to fentanyl and that produced the typical symptoms of opioid intoxication, including potentially fatal respiratory depression and loss of consciousness. The observer noted that, between 2015 and 2017, hundreds of deaths and cases of serious intoxication associated with furanylfentanyl use had been reported by countries in Europe and North America. The observer also noted that there was sufficient evidence indicating that furanylfentanyl was being abused or was likely to be abused, thus constituting a public health and social problem that warranted its placement under international control. It had no recorded therapeutic use and was liable to abuse and ill effects similar to the abuse and ill effects associated with controlled opioids such as fentanyl that were included in Schedule I of the 1961 Convention as amended. The Expert Committee therefore recommended that furanylfentanyl be placed in Schedule I of the 1961 Convention as amended.

(d) Consideration of a proposal from the World Health Organization to place acryloylfentanyl (acrylfentanyl) in Schedule I of the 1961 Convention as amended by the 1972 Protocol

11. The observer for WHO informed the Commission that acryloylfentanyl (*N*-phenyl-*N*-[1-(2-phenylethyl)piperidin-4-yl]prop-2-enamide) was an opioid that was structurally related to fentanyl and that produced the typical symptoms of opioid intoxication, including potentially fatal respiratory depression and loss of consciousness. The observer noted that there had been over 100 reported deaths associated with acryloylfentanyl use in Europe and North America. Acryloylfentanyl was under national control in a number of countries in different regions of the world and there was sufficient evidence indicating that it was being abused or was likely to be abused, thus constituting a public health and social problem that warranted its placement under international control. Acryloylfentanyl had no recorded therapeutic use and was liable to abuse and ill effects similar to the abuse and ill effects associated with controlled opioids such as fentanyl that were included in Schedule I of the 1961 Convention as amended. The Expert Committee therefore recommended that acryloylfentanyl be placed in Schedule I of the 1961 Convention as amended.

(e) Consideration of a proposal from the World Health Organization to place 4-fluoroisobutyrfentanyl (4-FIBF, pFIBF) in Schedule I of the 1961 Convention as amended by the 1972 Protocol

12. The observer for WHO informed the Commission that 4-fluoroisobutyrfentanyl (4-FIBF, pFIBF) (*N*-(4-fluorophenyl)-2-methyl-*N*-[1-(2-phenylethyl)piperidin-4-yl]propanamide) was an opioid that was structurally related to fentanyl and that produced the typical symptoms of opioid intoxication, including potentially fatal respiratory depression and loss of consciousness. Two countries had reported deaths associated with the use of the substance, with one country having reported 62 overdose deaths in 2016 alone. The observer noted that there was sufficient evidence indicating that it was being abused or was likely to be abused, thus constituting a public health and social problem that warranted its placement under international control. The observer also noted that 4-fluoroisobutyrfentanyl had no recorded therapeutic use in humans and that it was a compound liable to abuse and ill effects similar to the abuse and ill effects associated with controlled opioids such as fentanyl that were included in Schedule I of the 1961 Convention as amended. The Expert Committee therefore recommended that 4-fluoroisobutyrfentanyl be placed in Schedule I of the 1961 Convention as amended.

(f) Consideration of a proposal from the World Health Organization to place tetrahydrofuranylfentanyl (THF-F) in Schedule I of the 1961 Convention as amended by the 1972 Protocol

13. The observer for WHO informed the Commission that tetrahydrofuranylfentanyl (THF-F) (*N*-phenyl-*N*-[1-(2-phenylethyl)piperidin-4-yl]oxolane-2-carboxamide) was an opioid that was structurally related to fentanyl and that produced the typical symptoms of opioid intoxication, including potentially fatal respiratory depression and loss of consciousness. A total of 16 deaths due to exposure to tetrahydrofuranylfentanyl were reported in 2016 and 2017. The observer noted that a number of countries in different regions had placed tetrahydrofuranylfentanyl under national control. The observer also noted that there was sufficient evidence indicating that it was being abused or was likely to be abused, thus constituting a public health and social problem that warranted its placement under international control. Tetrahydrofuranylfentanyl had no recorded therapeutic use and was liable to abuse and ill effects similar to the abuse and ill effects associated with controlled opioids such as fentanyl that were included in Schedule I of the 1961 Convention as amended. The Expert Committee therefore recommended that tetrahydrofuranylfentanyl be placed in Schedule I of the 1961 Convention as amended.

(g) Consideration of a proposal from the World Health Organization to place AB-CHMINACA in Schedule II of the Convention on Psychotropic Substances of 1971

14. The observer for WHO informed the Commission that AB-CHMINACA (*N*-[(2*S*)-1-amino-3-methyl-1-oxobutan-2-yl]-1-(cyclohexylmethyl)-1*H*-indazole-3-carboxamide) was a synthetic cannabinoid receptor agonist whose effects were consistent with those of other synthetic cannabinoid receptor agonists and included hallucinations, paranoia, confusion, fear and anxiety. AB-CHMINACA was more potent than tetrahydrocannabinol (THC), which was listed in Schedule II of the 1971 Convention. The observer noted that, between 2014 and 2017, a total of 31 deaths due to exposure to AB-CHMINACA had been confirmed and reported, as were cases of acute intoxication, and that the substance had also been associated with impaired driving. AB-CHMINACA had been placed under national control in a number of countries in several regions. The Expert Committee considered that the degree of risk to public health and society associated with the abuse of AB-CHMINACA was substantial, that it had no recorded therapeutic use in humans and that it was liable to abuse and ill effects similar to the abuse and ill effects associated with other synthetic cannabinoid receptor agonists already included in Schedule II of the 1971 Convention.

The Expert Committee therefore recommended that AB-CHMINACA be placed in Schedule II of the 1971 Convention.

(h) Consideration of a proposal from the World Health Organization to place 5F-ADB (5F-MDMB-PINACA) in Schedule II of the Convention on Psychotropic Substances of 1971

15. The observer for WHO informed the Commission that 5F-ADB (also known as 5F-MDMB-PINACA) (methyl (2*S*)-2-{[1-(5-fluoropentyl)-1*H*-indazole-3-carbonyl]amino}-3,3-dimethylbutanoate) was a synthetic cannabinoid receptor agonist whose effects were consistent with those of other synthetic cannabinoid receptor agonists and included agitation, confusion and anxiety. 5F-ADB was more potent than THC, a substance that was listed in Schedule II of the 1971 Convention. The observer noted that, in 2016, 28 deaths and 35 cases of acute intoxication due to exposure to 5F-ADB, as well as cases of impaired driving involving 5F-ADB, had been confirmed and reported. The Expert Committee considered that the degree of risk to public health and society associated with the abuse of 5F-ADB was substantial, that it had no recorded therapeutic use and that it was liable to abuse and ill effects similar to the abuse and ill effects associated with other synthetic cannabinoid receptor agonists already included in Schedule II of the 1971 Convention. The Expert Committee therefore recommended that 5F-ADB be placed in Schedule II of the 1971 Convention.

(i) Consideration of a proposal from the World Health Organization to place AB-PINACA in Schedule II of the Convention on Psychotropic Substances of 1971

16. The observer for WHO informed the Commission that AB-PINACA (*N*-[(2*S*)-1-amino-3-methyl-1-oxobutan-2-yl]-1-pentyl-1*H*-indazole-3-carboxamide) was a synthetic cannabinoid receptor agonist whose effects were consistent with those of other synthetic cannabinoid receptor agonists and included loss of consciousness, convulsions and death. AB-PINACA was more potent than THC, which was listed in Schedule II of the 1971 Convention and had been implicated in cases of impaired driving. The Committee considered that the degree of risk to public health and society associated with the abuse of AB-PINACA was substantial. The Expert Committee recognized that AB-PINACA had no recorded therapeutic use and that it was liable to abuse and ill effects similar to the abuse and ill effects associated with other synthetic cannabinoid receptor agonists included in Schedule II of the 1971 Convention. The Expert Committee therefore recommended that AB-PINACA be placed in Schedule II of the 1971 Convention.

(j) Consideration of a proposal from the World Health Organization to place UR-144 in Schedule II of the Convention on Psychotropic Substances of 1971

17. The observer for WHO informed the Commission that UR-144 (1-pentyl-1*H*-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl) methanone) was a synthetic cannabinoid receptor agonist whose effects were consistent with those of other synthetic cannabinoid receptor agonists and included tachycardia, seizures and agitation. UR-144 was more potent than THC, which was listed in Schedule II of the 1971 Convention, and had been associated with cases of impaired driving. The observer noted that numerous countries had brought UR-144 under national control. The Expert Committee considered that the degree of risk to public health and society associated with the abuse of UR-144 was substantial and recognized that it had no recorded therapeutic use and was liable to abuse and ill effects similar to the abuse and ill effects associated with other synthetic cannabinoid receptor agonists included in Schedule II of the 1971 Convention. The Expert Committee therefore recommended that UR-144 be placed in Schedule II of the 1971 Convention.

(k) Consideration of a proposal from the World Health Organization to place 5F-PB-22 in Schedule II of the Convention on Psychotropic Substances of 1971

18. The observer for WHO informed the Commission that 5F-PB-22 (quinolin-8-yl 1-(5-fluoropentyl)-1*H*-indole-3-carboxylate) was a synthetic cannabinoid receptor agonist whose effects were consistent with those of other synthetic cannabinoid receptor agonists and included seizures, cardiac toxicity, agitation and loss of consciousness. 5F-PB-22 was more potent than THC, which was included in Schedule II of the 1971 Convention. The observer noted that, since 2013, cases of fatal and non-fatal intoxication associated with the use of 5F-PB-22 had been reported by countries in Europe and North America and that there had also been cases of driving under the influence of 5F-PB-22. The Expert Committee considered that the degree of risk to public health and society associated with the abuse of 5F-PB-22 was substantial and that the substance had no recorded therapeutic use, and recognized that 5F-PB-22 was liable to abuse and ill effects similar to the abuse and ill effects associated with other synthetic cannabinoid receptor agonists in Schedule II of the 1971 Convention. The Expert Committee therefore recommended that 5F-PB-22 be placed in Schedule II of the 1971 Convention.

(l) Consideration of a proposal from the World Health Organization to place 4-fluoroamphetamine (4-FA) in Schedule II of the Convention on Psychotropic Substances of 1971

19. The observer for WHO informed the Commission that 4-FA (also known as 4-fluoroamphetamine) (1-(4-fluorophenyl)propan-2-amine) was a derivative of amphetamine, which was included in Schedule II of the 1971 Convention. The observer noted that both fatal and non-fatal intoxications involving the substance had been recorded and that the clinical features associated with 4-FA intoxication were similar to those of amphetamine and methamphetamine and included agitation, tachycardia, hypertension, cardiovascular toxicity and cerebrovascular complications. The Expert Committee considered that the degree of risk to public health and society associated with the abuse of 4-FA was substantial, noted that 4-FA had no recorded therapeutic use and recognized that 4-FA was liable to abuse and ill effects similar to the abuse and ill effects associated with substances included in Schedule II of the 1971 Convention. The Expert Committee therefore recommended that 4-FA be placed in Schedule II of the 1971 Convention.

20. A number of speakers took the floor following the adoption by the Commission of its decisions on scheduling.

21. The speakers referred to their countries' efforts to place narcotic drugs and psychotropic substances under national control. One speaker referred to the initial review carried out by WHO of the scientific evidence available on cannabidiol and to the conclusion of WHO that the current information did not warrant its scheduling. The speaker noted that, although all cannabis products were prohibited in her country, her Government was considering changes to its regulatory framework to reduce the legal barriers to the medical use of cannabidiol and would take into consideration the recommendations of the WHO Expert Committee and UNODC when reviewing its related law and regulations.

22. One speaker referred to his Government's agreement with the scheduling recommendations made by WHO concerning the 12 substances. Most of those substances had already been placed under national control in his country, whereas placement of the remaining substances was subject to the implementation of domestic legal procedures. The speaker called on major consumer countries to increase their efforts in the areas of anti-drug education and drug abuse prevention in order to reduce the demand for and the abuse and consumption of opioids and new psychoactive substances, and recommended that relevant countries enhance the sharing of testing equipment and identification technologies and the exchange of information on the latest trends related to opioids and new psychoactive substances, and share samples of newly discovered substances.

23. One speaker stressed the essential role of WHO in advancing international efforts to address the emergence of new dangerous substances and expressed his Government's appreciation to the members of the Commission for voting to place carfentanil under international control. The speaker also referred to the serious threat posed by the availability of synthetic opioids on the Internet.

24. One speaker expressed her Government's position regarding safe drug consumption rooms, which, in her Government's view, were part of a holistic approach to reducing drug demand. In that regard, the speaker referred to the views expressed by INCB in its annual report for 2016 and encouraged the Board to be more transparent in its engagement with Member States. The speaker also welcomed the placement under international control of six fentanyl analogues.

25. Another speaker expressed his Government's support for the scheduling decisions taken by the Commission at its sixty-first session. He stressed that the threat of harms to health posed by new psychoactive substances was a key challenge confronting the international community and that meeting that challenge required a balanced and evidence-based approach, which included the improved collection and exchange of data. The speaker expressed appreciation to UNODC, INCB and WHO for their enhanced inter-agency cooperation and engagement. The speaker also referred to the coordination efforts of the international action group on new psychoactive substances.

2. Challenges and future work of the Commission on Narcotic Drugs and the World Health Organization in the review of substances for possible scheduling recommendations

26. Several speakers expressed their support for and commended the effective and close collaboration between UNODC and WHO in surveilling and collecting data on new psychoactive substances for the purpose of informing the Commission's decisions on placement of substances under international control. Another speaker expressed the view that the international community should enhance its cooperation in preventing the abuse and illicit manufacture of fentanyl analogues and synthetic cannabinoids, which were extremely dangerous substances and which had been placed under international control at the sixty-first session of the Commission.

27. Speakers highlighted the importance of enhancing the exchange of information among Member States and international organizations on a range of topics related to new psychoactive substances, including newly identified substances, national measures, scientific expertise and research data, including on the toxicity of new psychoactive substances and other relevant information for health alerts. One speaker noted the increasing use of the Internet and national and international courier mail services for the purchase and delivery of new psychoactive substances. The same speaker stressed the importance of future collaboration among Member States to address those issues.

28. One speaker noted that the abuse of ketamine posed a threat to public health and social stability and that its abuse and illicit manufacture had become a problem in some regions, in particular Asia. The speaker also noted that his Government continued to focus on the international scheduling of ketamine in view of Commission resolution 57/9 and stood ready to cooperate and communicate with the relevant international organizations and concerned countries in joint efforts to collect information on ketamine abuse. Furthermore, the speaker requested that the Commission enhance its coordination with WHO in intensifying the collection of relevant data, expressed support for the positive contributions made by WHO in that regard within its mandate and expressed hope that WHO would share the results of the questionnaire on ketamine with Member States at the appropriate time.

3. International Narcotics Control Board

29. Several speakers expressed their appreciation for the work of INCB and highlighted its key role in monitoring treaty compliance and in assisting Member

States in implementing balanced drug policies to address the ever evolving challenges that Governments face. Several speakers expressed appreciation to INCB for the release of its annual report for 2017 and for including in that report a thematic chapter on treatment, rehabilitation and social reintegration for drug use disorders. In addition, those speakers welcomed the fact that the Board had also emphasized that successful and sustainable drug control action needed to be consistent with international human rights standards. A number of speakers also encouraged civil society and all other relevant stakeholders to participate in the formulation, development and implementation of drug policies at all levels. A number of speakers encouraged States that retained the death penalty to consider abolishing it for drug-related offences and reminded States that extrajudicial killings were contrary to the international drug control treaties.

30. One speaker, while expressing his Government's support for the work of the Board, expressed hope that it would focus on its functions and responsibilities enshrined in the international drug control conventions and adopt a more unequivocal position on the issue of the legalization of drugs. Another speaker noted that in order for drug control to be effective, it was important to achieve a balance between drug demand and supply reduction measures consistent with the international drug control treaties.

31. Another speaker expressed his Government's support for the concern expressed by INCB regarding the medical use of cannabinoids, the legalization of cannabis for non-medical purposes and drug consumption rooms. A further speaker expressed his Government's support for a balanced approach under which generalizations about drug consumption rooms should be avoided and could be consistent with the international drug control treaties. Some speakers highlighted the need for the scientific testing, validation, authorization and certification of medical products containing cannabinoids before they are approved for medical use.

32. Concern was expressed about the increase in the numbers of new psychoactive substances and the increasing diversion of precursor chemicals used to produce them. Several speakers expressed satisfaction with the work of the Board in facilitating the cooperation and collaboration among Member States to address the increasing diversion of precursor chemicals.

33. Other speakers referred to the balanced approach to drug control and welcomed the focus on treatment, rehabilitation and social reintegration for drug use disorders in the thematic chapter of the INCB report for 2017. They recognized, in particular, the need for evidence-informed and rights-based and voluntary treatment services.

34. A number of speakers made comments regarding various parts of the INCB report for 2017 and expressed concern about the sources used for the information included in that report, with some speakers noting that only official data should be used in the future in order to ensure transparency and accountability. Some speakers expressed their countries' positions on various issues discussed in the report.

4. International cooperation to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion

35. Appreciation was expressed for the work carried out by UNODC, INCB and WHO and the work of the Commission in ensuring the adequate availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion, abuse and trafficking, as outlined in the outcome document of the special session of the General Assembly on the world drug problem held in 2016 and its specific operational recommendations in that area. Concern was expressed regarding the global disparity in the levels of availability and Member States were encouraged to implement relevant policies in that regard. Reference was also made to the fact that the importance of access to medicines and quality of medicines was recognized in the Sustainable Development Goals. Several speakers described the specific measures taken by their Governments to address this issue. One

speaker noted that a holistic, comprehensive, science-based strategy would help countries in ensuring that patients living with pain could receive high-quality, evidence-based pain relief while also reducing the abuse and inappropriate use of opioids and overdoses from them.

36. A number of speakers expressed the view that the international community, while focusing on the insufficient availability of controlled narcotic drugs and psychotropic substances in some countries, should also focus on preventing their diversion, abuse and trafficking. Speakers also expressed the hope that the Commission, UNODC and INCB would continue to support countries in addressing those problems in the light of national conditions in order to strike a policy balance between control and availability.

37. Some speakers made reference to the challenges posed by amphetamine-type stimulants, new psychoactive substances and precursors, and the measures taken at the national level to address them. They mentioned the utility of the Precursors Incident Communication System, the Project Ion Incident Communication System, PEN Online and the global SMART programme. Several speakers highlighted the importance of the relevant international drug control treaties, the utility of the technical expertise of UNODC, INCB and WHO in addressing this issue and the importance of international cooperation in addressing the world drug problem on the basis of common and shared responsibility.

5. Other matters arising from the international drug control treaties

38. Reference was made to the importance of the three international drug control conventions and to the need to address the continuing and evolving challenges in accordance with those conventions and in line with the principle of common and shared responsibility, while taking into account national priorities and needs.

39. One speaker noted that, in the design of drug policies, Governments should take into account the Sustainable Development Goals and consider the best way to address pressing socioeconomic issues such as unemployment and social marginalization. The speaker also noted that fostering inclusive economic growth, promoting initiatives that contributed to poverty eradication and sustainable development, improving rural development and infrastructure, as well as inclusion and social protection were crucial. In addition, reference was made to the need to consider the impact of illicit crops on the environment. The need to promote alternative development, including preventive alternative development was highlighted by that speaker.

40. One speaker referred to the challenges posed by new psychoactive substances. She mentioned the commitment of her Government to fully implement timely, science-based regulatory measures to tackle the issue. She commended the work done by UNODC, INCB and WHO in supporting the activities of the Commission.

B. Action taken by the Commission

41. At its 6th meeting, on 14 March 2018, the Commission on Narcotic Drugs decided to include carfentanil in Schedules I and IV of the 1961 Convention as amended by the 1972 Protocol. (For the text of the decision, see chap. I, sect. C, decision [...].)

42. At the same meeting, the Commission on Narcotic Drugs decided to include ocfentanil in Schedule I of the 1961 Convention as amended. (For the text of the decision, see chap. I, sect. C, decision [...].)

43. At the same meeting, the Commission on Narcotic Drugs decided to include furanfentanyl in Schedule I of the 1961 Convention as amended. (For the text of the decision, see chap. I, sect. C, decision [...].)

44. At the same meeting, the Commission on Narcotic Drugs decided to include acryloylfentanyl (acrylfentanyl) in Schedule I of the 1961 Convention as amended. (For the text of the decision, see chap. I, sect. C, decision […].)

45. At the same meeting, the Commission on Narcotic Drugs decided to include 4-fluoroisobutyrfentanyl (4-FIBF, pFIBF) in Schedule I of the 1961 Convention as amended. (For the text of the decision, see chap. I, sect. C, decision […].)

46. At the same meeting, the Commission on Narcotic Drugs decided to include tetrahydrofuranylfentanyl (THF-F) in Schedule I of the 1961 Convention as amended. (For the text of the decision, see chap. I, sect. C, decision […].)

47. Also at that meeting, the Commission decided by 47 votes to none, with no abstentions, to include AB-CHMINACA in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision […].)

48. At the same meeting, the Commission decided by 47 votes to none, with no abstentions, to include 5F-MDMB-PINACA in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision […].)

49. At the same meeting, the Commission decided by 48 votes to none, with no abstentions, to include AB-PINACA in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision […].)

50. At the same meeting, the Commission decided by 48 votes to none, with no abstentions, to include UR-144 in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision […].)

51. At the same meeting, the Commission decided by 48 votes to none, with no abstentions, to include 5F-PB-22 in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision […].)

52. At the same meeting, the Commission decided by 48 votes to none, with no abstentions, to include 4-fluoroamphetamine (4-FA) in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision […].)

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